

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-575)

SERIAL NO.

10/564748  
APPLICANT(S)

21 OCT 2006

FILING DATE

**CLAIMS**

(fee) \$25-000

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		1
4		1		1		1
5		2		1		1
6		2		1		1
7		0		1		1
8		0		1		1
9		0		1		1
10		0		1		1
11		0		1		1
12		0		1		1
13		0		1		1
14		0		1		1
15		0		1		1
16		2		1		1
17		1		1		1
18		1		1		1
19		0		1		1
20		0		1		1
21				1		1
22					1	
23						1
24						1
25						1
26						1
27						1
28						1
29						1
30						1
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35						1
36						1
37						1
38						1
39					1	
40						1
41						1
42						
43						
44						
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49						
50						
TOTAL IND.	1	↓	1	↓	3	↓
TOTAL DEP.	22	↔	19	↔	37	↔
TOTAL CLAIMS	23	↔	20	↔	40	↔

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔		↔		↔

PTO-1169 (REV. 11/95)

U.S. DEPARTMENT OF COMMERCE

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